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APPLICANTS

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** CONTINUING DATA ***** NONE ******* FOREIGN APPLICATIONS ***** NONE *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <u>[Signature]</u>	Initials <u>[Initials]</u>		

ADDRESS

Michael I. Kroll
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TITLE

Secured position pillow

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